

# **ELECTRONIC HEALTH RECORD REFERRAL PATHWAYS:**

**A GUIDE TO DEVELOPMENT,  
RELATIONSHIP BUILDING  
AND IMPLEMENTATION**



**NATIONAL RECREATION  
AND PARK ASSOCIATION**



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# Introduction

At the National Recreation and Park Association (NRPA), we believe parks and recreation is vital to community health and well-being. Access to these spaces, programs and services remains essential to community vitality and is a key factor in advancing health equity, improving individual and community-level health outcomes, and enhancing quality of life. Park and recreation professionals and their agencies protect and promote health for all people, including older adults, in the communities where people live, learn, work and play.

As one of the leading community-based providers of older adult services, park and recreation agencies play a crucial role in supporting the health and wellness of older adults. Nine in 10 park and recreation agencies offer targeted community-based programming and services for older adults, including evidence-based physical activity initiatives and chronic disease self-management programs.<sup>1</sup> Many older adults rely on these evidence-based programs to maintain and improve their quality of life.

To meet this need, NRPA, with support from the Centers for Disease Control and Prevention (CDC), has been supporting the expansion and implementation of Arthritis Appropriate Evidence-Based Interventions<sup>2</sup> (AAEBIs) through local park and recreation agencies since 2013.

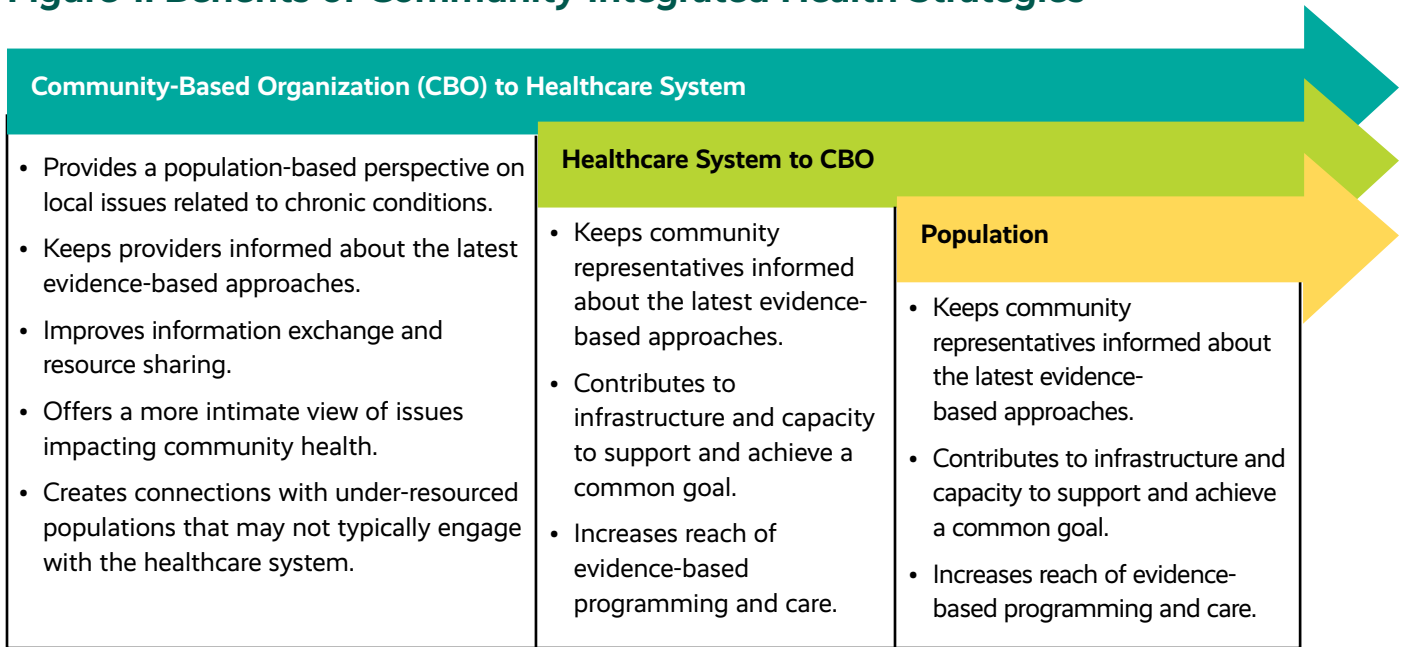
# Background

Healthcare and community-based organizations (CBOs), such as parks and recreation, share the common goal of improving the health of the communities they serve. Efforts to strengthen coordination and alignment between traditional healthcare (for example, hospitals and health systems, independent medical practices, health payors) and CBOs, collectively known as “**Community Integrated Health Strategies**,” is an increasing trend being utilized to support a growing number of people experiencing and managing chronic health conditions, including arthritis. See Figure 1 to further explore the benefits of Community Integrated Health Strategies.

<sup>1</sup> NRPA. (2017). Healthy Aging in Parks Survey. Retrieved from <https://www.nrpa.org/publications-research/research-papers/healthy-aging-in-parks-survey-results>

<sup>2</sup> Colman, A., Cunin, T., and Pittard, C. (2021, August 19). “Parks and Recreation: A Vital Community-Based Solution to Support Healthy Aging.” *Parks & Recreation* magazine. Retrieved from: <https://www.nrpa.org/parks-recreation-magazine/2021/september/parks-and-recreation-a-vital-community-based-solution-to-support-healthy-aging>

# Figure 1. Benefits of Community Integrated Health Strategies



Since 2018, NRPA has advanced Community Integrated Health Strategies to increase access to AAEBIs by piloting electronic health record (EHR) referrals between healthcare providers (HCPs) and local parks and recreation. In 2019, NRPA released the [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#)<sup>3</sup> resource based on findings from these pilots, providing a step-by-step guide on how to create and replicate an EHR referral process. This resource also included sample communication materials, tips and lessons learned from the pilot organizations, a case study, resources for developing and maintaining healthcare partnerships, and a glossary of relevant terms. This guide has been used by HCPs and CBOs to identify and refer individuals with any type of chronic disease to a variety of community-based programs and services.

## About This Guide

This supplemental resource builds off the [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#)<sup>3</sup> toolkit and provides guidance and key considerations for CBOs and HCPs interested in developing and implementing an EHR referral process. This supplement is based on the lessons learned and best practices from previous EHR pilot programs discussed in the toolkit. In 2021, NRPA worked with Meaghan McMahon of MBM Consulting, LLC, to conduct interviews with three programs (Shreveport, Louisiana; Westminster, Colorado; and Liberty, Missouri). These interviews focused on determining key facilitators and barriers to successful referral systems and sustainable partnerships between the HCPs and park and recreation agencies, looking for common themes and trends between programs. NRPA also worked with RTI International to conduct an in-depth evaluation of two new pilots (collaboration between Newport Parks and Recreation and Samaritan Health Services in Newport, Oregon; and Baylor Scott and White Health and Wellness Center in Dallas, which is located at the Juanita J. Craft Recreation Center managed by Dallas Parks and Recreation). These partners participated in the development of expanded EHR referral pathways to the Walk With Ease (WWE) program from 2020 to 2021. The lessons learned from each of these programs can help other park and recreation agencies and CBOs plan for, develop and implement sustainable EHR referral pathways to engage more patients in evidence-based health and wellness programs.

<sup>3</sup> NRPA. (n.d.). *Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process*. Retrieved from: <https://www.nrpa.org/our-work/partnerships/initiatives/healthy-aging-in-parks/community-integrated-health-strategies>

# Promising Practices for Developing and Implementing an Electronic Health Record Referral Pathway

**Figure 2. Steps to Implementing an Electronic Health Record Referral Pathway**

1. Build a Strong Portfolio of Evidence-Based Intervention Offerings

2. Consult With Other Organizations and Build Interest and Capacity

3. Convene and Build Relationships With Key Stakeholders

4. Ensure Cross-Organizational and Financial Support

5. Outline the Referral Pathway

6. Build, Test and Refine the Referral Pathway

7. Provide Training and Education to CBO Staff and Healthcare Providers

8. Implement the Referral Pathway

9. Conduct Continuous Evaluation and Monitoring

## **STEP 1** Build a Strong Portfolio of Evidence-Based Intervention Offerings

Prior to beginning the process of developing a referral pathway with external partners, it is important that the CBO establishes itself as a leading provider of evidence-based interventions in the community. Referrals are most effective when there is a program available to accept patients. It is crucial that the CBO that will be accepting referrals into the program (and/or network of CBOs) has the experience, resources, staffing and facility space needed to support the consistent delivery of high-quality, evidence-based interventions. Initial efforts should focus on building the capacity of the CBO to provide and sustain its evidence-based programs.

## STEP 2 Consult With Other Organizations and Build Interest and Capacity

Explore opportunities to partner with other organizations implementing referral pathways, evidence-based chronic disease management, or similar health and wellness programs to learn from and partner with. Others who have been through the process can share lessons learned and guidance on how to navigate challenges that may arise. Additionally, referral pathways are most successful when programming is running consistently and offered at convenient times. HCPs will be meeting with patients on an ongoing basis, so the ability to refer patients to consistently running programs that are regularly starting new sessions and enrolling participants is critical for enrollment, retention, completion of interventions, as well as limits burden on HCPs.

## STEP 3 Convene and Build Relationships With Key Stakeholders

Ensuring that all partners are engaged in the process from the very beginning is vital to the successful development and implementation of a referral pathway. Involve all core partners and departments (CBOs, HCPs, community health workers, Information Technology [IT] staff and others) during the planning and pre-implementation stages. It's imperative to have all voices and parties at the table, as each will bring a different perspective, skill set, and individual experiences that can inform the pathway development and implementation process. As a best practice, have more than one person engaged from each partner organization and department involved. This will ensure that the work can keep moving forward and no knowledge or intellectual property will be lost in the event of staff turnover or transition of duties. Work together to identify project roles, responsibilities and expectations of core partners, assets and resources available to support the project, set meeting schedules and communication plans, and establish goals and timelines to guide your work.

“We’ve seen our community partners approach the health system multiple times to be able to send and receive referrals. And they need to be a part of building what the strategy and solution is, and not approached with it at the end, because it may not be able to operate very well with [the] EHR that they’re using.”  
— Healthcare System Staff, 2021

## STEP 4 Ensure Cross-Organizational and Financial Support

Any initiative that involves multiple departments, personnel, staff time and resources requires organization-wide support and commitment from leadership. Engage with leadership and other departments early on to discuss the importance of this work, your goals and the assistance needed from them. Ensure that funds are available to support staff time, training and any additional hard costs. Create space for others to contribute, ask questions and learn more. Keep them updated throughout the process, so they feel invested in the project.

## STEP 5 Outline the Referral Pathway

With all core partners, begin developing a template or process guide that illustrates the desired referral pathway (see Figure 3). Each EHR system is comprised of different infrastructure and capabilities, and each partnership will approach this differently. Make sure IT staff is represented in this process, as they likely will have more insight about the capabilities of the EHR system and can provide guidance on what's possible (internal vs. external referrals; how referrals will be received; etc.). This will ensure that any data sharing is protected and Health Insurance Portability and Accountability Act (HIPAA) compliant. Developing this template may take several iterations and require many layers of approval from different parties, and it should be vetted through all who would be engaged in the referral pathway (the HCP making the referral, the CBO staff receiving the referral, etc.).

### Figure 3. Example Referral Process Workflow Between HCP and CBO

The referral process between the Baylor Scott and White Health and Wellness Center and the Juanita J. Craft Recreation Center (Dallas), and between the Samaritan Health Services Regional Health Education Hub and the Newport Parks and Recreation 60+ Center (Newport, Oregon) is illustrated below:

Between 2020 and 2021, NRPA provided funding to two HCP-CBO partnerships to support the development of EHR referral pathways with the goal of creating sustainable, systems-change approaches to engage more patients in AAEBIs. The funding supported the staff time, planning, partnership building, testing and early stages of implementation. Both pilots utilize Epic<sup>4</sup> (an EHR system) when the initial referral from healthcare system staff is made to the CBO. In Dallas, the park and recreation department receives the referral in Epic, follows up with the patient to provide information on the WWE program and confirms interest in enrolling. If an individual is interested, the patient completes a consent form (which is how the patient's contact information is then captured by the park and recreation agency), becomes enrolled and completes the six-week program.

In Newport, the EHR referral is sent through Epic to the Regional Health Education Hub (the Hub). The process of coordination between the healthcare system and the Hub was already in place and successful prior to the pilot. If staff at the Hub determine the patient would benefit from the WWE program, their referral is submitted into the Unite Us/Connect Oregon<sup>5</sup> system, a system that connects HCPs and CBOs and allows for HIPAA-compliant patient information sharing, eliminating the burden and challenge of obtaining patient information. Through this system, the park and recreation staff member securely receives the referral through Unite Us/Connect Oregon and contacts the patient directly to confirm interest. If the patient is interested, the staff member enrolls them into the six-week WWE program. The ability to receive secure patient information provides an opportunity for direct outreach, follow-up and engagement in other potential park and recreation and community-based offerings.

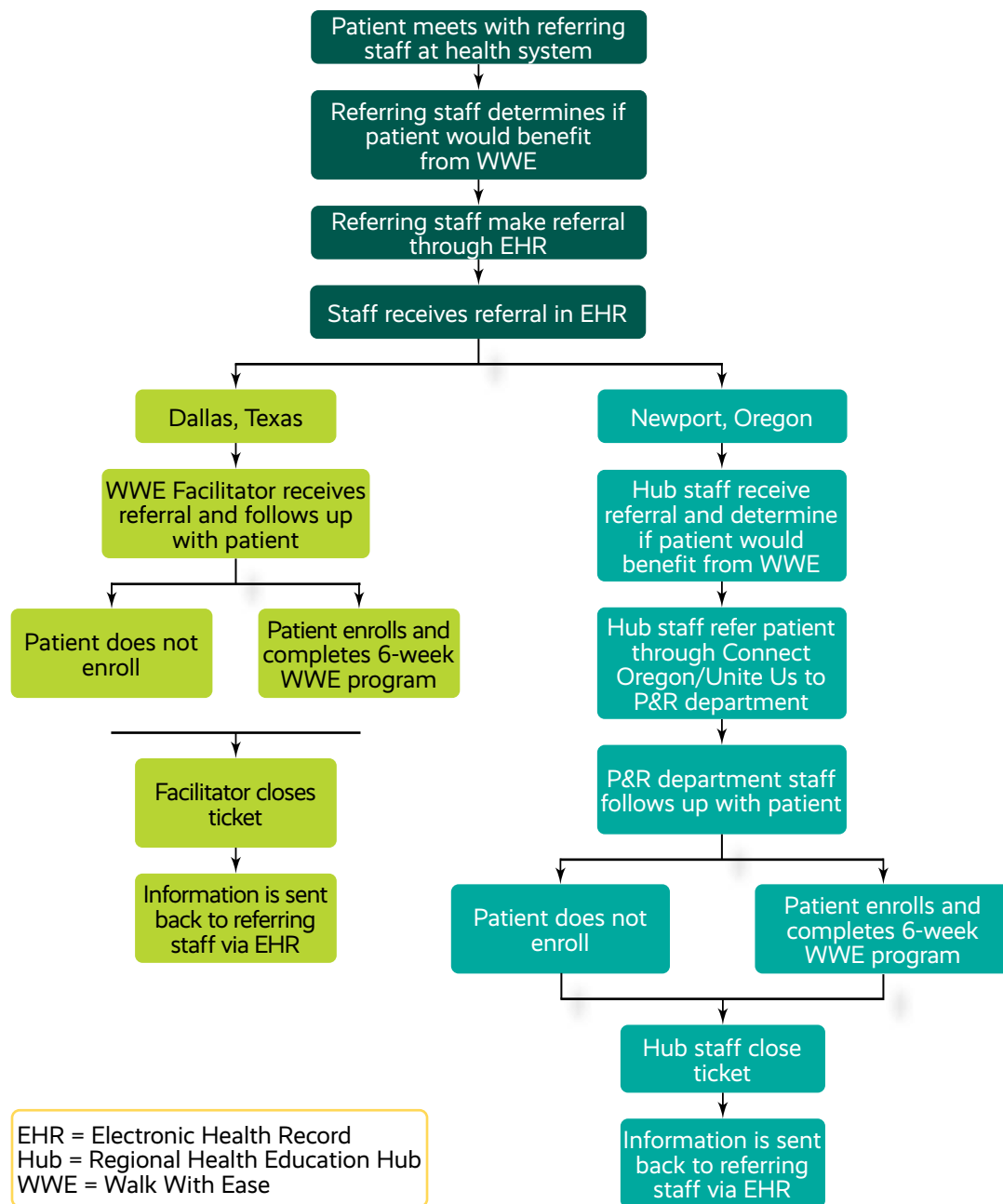
For both sites, information on whether participants complete the WWE program or “do not enroll” is sent back to the referring staff member using the EHR/referral pathway system or a manual data entry (email, etc).

Both pilots continue to move forward with implementation, and NRPA will continue to monitor the process to determine the long-term sustainability and impact of the EHR pathways on AAEBI participation.

<sup>4</sup> Epic. (2021). Retrieved from <https://www.epic.com>

<sup>5</sup> Connect Oregon. (2021). Retrieved from <https://oregon.uniteus.com>





## STEP 6 Build, Test and Refine the Referral Pathway

After developing the proposed pathway and getting buy-in and support from all partners and all necessary approvals, work with the necessary partners (e.g., IT departments) to build out the referral pathway in the EHR system. Ideally, the pathway will be as straightforward and simple as possible to create a streamlined and intuitive Point-of-Care referral for HCPs to make during the patient visit. Depending on the EHR system, you may need to develop a description of your organization, programs, session information, etc., so referring parties understand what the organization is, and the services it provides. Once the referral pathway is developed, test it. The pathway likely will have changed during development and may differ from what was originally designed. All partners involved in the referral process should test the pathway to determine its feasibility and ease of implementation. Gather feedback and refine the pathway as needed and able, and identify areas where additional training and guidance will be required for HCPs and CBOs engaged in the referral process.

## **STEP 7** Provide Training and Education to CBO Staff and Healthcare Providers

Once the referral pathway is built, the next step is to provide needed training and education to referring healthcare providers (physicians, nurses, community healthcare workers, health educators, etc.) and CBO staff who will be responsible for receiving the referrals and conducting patient outreach. Provider education should be straightforward, clear and not burdensome, and ideally delivered continuously and in settings where providers can ask questions and gather more information. The education should focus on both the benefits of the evidence-based program and identify the type of patients who could benefit from programming, while also providing a tutorial on how to make the referral through the EHR system. One-pagers, step-by-step process guides and recorded tutorials are helpful to make available. It also is helpful to engage a champion within the network of providers. This champion can advocate for the benefits of the evidence-based intervention, share patient successes and encourage other providers to utilize it. CBO staff training also should be delivered consistently and provide opportunities for staff to test and apply their skills. CBO staff should be trained on how to ensure patient information always remains protected, how to track and store any data associated with the program, and how to report back enrollment and completion of the program to HCPs. Providing training to several staff ensures multiple parties are familiar with the process and no knowledge is lost in the event of staff turnover or transition.

## **STEP 8** Implement the Referral Pathway

Begin implementation of the referral pathway, continuing to monitor and regularly convene to discuss and address any unexpected challenges or successes. Document any key takeaways, lessons learned, feedback or other pertinent information to inform your work.

## **STEP 9** Conduct Continuous Evaluation and Monitoring

Partners should develop plans to collect, compile and share data on an ongoing basis. Some key metrics to assess may include number of patients referred, patients enrolled, patients completing the program and patient health outcomes. Work together to develop an evaluation plan that collects essential data and measures progress and impacts related to your goals, as well as supports the expansion of referral systems between HCPs and CBOs.

# Opportunities for Expansion

While NRPA's work on referral systems has been limited to supporting five pilots since 2018, early findings from these projects indicate that collaborations between local park and recreation agencies and HCPs can help to create additional linkages to community-based health and wellness opportunities that support physical, social and mental health, and well-being. There is still a need for further exploration and growth, and NRPA has identified several areas of focus to streamline and advance adoption and the permanent establishment of referral models between HCPs and CBOs in communities nationwide:

- Continue to scale the availability and accessibility of evidence-based interventions in community-based settings.
- Advance county-wide and regional models that build a network of CBO program providers that can accept referrals into a wide variety of evidence-based health programming that improves health outcomes and quality of life across the region.

- Support long-term partnerships between HCPs and CBOs to develop, implement and evaluate the impact of referral pathways on HCPs and CBOs, as well as patient health outcomes, continuing to build the evidence base for greater replication and scale of EHR referrals.
- Provide opportunities for more dialogue between HCPs, CBOs and EHR software creators to develop streamlined and simple pathways for providers to make external referrals to evidence-based programs in community-based settings.
- Increase the adoption of EHR systems that allow for sharing of HIPAA-compliant patient information to support direct outreach and engagement.
- Work with health insurers to finance evidence-based programs to increase patient participation and support CBO staff time and resources and streamline referral pathways that allow for easy data transmission to conduct billing.
- Share lessons learned, factors that lead to success and barriers to implementation with cross-disciplinary and cross-sector organizations, building communities of practice that can explore additional solutions.

## Conclusion

Developing and expanding innovative, systems-change approaches and models that refer people with chronic health conditions to necessary community-based health services may eliminate existing barriers and increase participation in programs that can positively influence health-related quality of life. While EHR referral processes will differ, lessons learned from pilot projects can help inform the approach and process of developing and implementing referral pathways between HCPs and CBOs. This can provide a blueprint for replication and scaling in communities nationwide.

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